



ANNUAL STATEMENT  
For the Year Ending DECEMBER 31, 2017  
OF THE CONDITION AND AFFAIRS OF THE  
TOTAL HEALTH CARE USA, INC.

NAIC Group Code	1238 (Current Period)	1238 (Prior Period)	NAIC Company Code	12326	Employer's ID Number	38-3240485
Organized under the Laws of	Michigan		State of Domicile or Port of Entry	MI		
Country of Domicile	United States of America					
Licensed as business type:	Life, Accident & Health[ ] Dental Service Corporation[ ] Other[ ]		Property/Casualty[ ] Vision Service Corporation[ ] Is HMO Federally Qualified? Yes[ ] No[X] N/A[ ]		Hospital, Medical & Dental Service or Indemnity[ ] Health Maintenance Organization[X]	
Incorporated/Organized	02/18/1994		Commenced Business	02/18/1994		
Statutory Home Office	3011 W. GRAND BLVD., SUITE 1600 (Street and Number)		DETROIT, MI, US 48202 (City or Town, State, Country and Zip Code)			
Main Administrative Office			3011 W. GRAND BLVD., SUITE 1600 (Street and Number)			
	DETROIT, MI, US 48202 (City or Town, State, Country and Zip Code)		(313)871-2000 (Area Code) (Telephone Number)			
Mail Address	3011 W. GRAND BLVD., SUITE 1600 (Street and Number or P.O. Box)		DETROIT, MI, US 48202 (City or Town, State, Country and Zip Code)			
Primary Location of Books and Records			3011 W. GRAND BLVD., SUITE 1600 (Street and Number)			
	DETROIT, MI, US 48202 (City or Town, State, Country and Zip Code)		(313)871-2000 (Area Code) (Telephone Number)			
Internet Website Address	THCMI.COM					
Statutory Statement Contact	NICOLE ROUSH, CFO (Name)		(313)871-6402 (Area Code)(Telephone Number)(Extension)			
	NROUSH@THCMI.COM (E-Mail Address)		(313)871-4762 (Fax Number)			

OFFICERS

Name	Title
RANDY NAROWITZ	EXECUTIVE DIRECTOR
GERTRUDE HELEN MINKIEWICZ	V-CHAIRPERSON/SECRETARY
DOUGLAS PAUL BAKER	CHAIRPERSON/TREASURER
ROBYN JAMES ARRINGTON JR., M.D.	MEDICAL DIRECTOR

OTHERS

DIRECTORS OR TRUSTEES

DOUGLAS PAUL BAKER  
GERTRUDE HELEN MINKIEWICZ  
RUBY OCTAVIA COLE

State of Michigan  
County of WAYNE ss

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of the said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

(Signature) RANDY NAROWITZ (Printed Name) 1. EXECUTIVE DIRECTOR (Title)	(Signature) NICOLE ROUSH (Printed Name) 2. CHIEF FINANCIAL OFFICER (Title)	(Signature) DOUGLAS PAUL BAKER (Printed Name) 3. CHAIRPERSON/TREASURER (Title)
Subscribed and sworn to before me this day of , 2018	a. Is this an original filing? b. If no, 1. State the amendment number 2. Date filed 3. Number of pages attached	Yes[X] No[ ]   
(Notary Public Signature)		

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
0199999 TOTAL Individuals .....						
0299998 Premiums due and unpaid not individually listed .....	879,066	159,736	15,640	25,075	25,075	1,054,442
0299999 TOTAL Group .....	879,066	159,736	15,640	25,075	25,075	1,054,442
0399999 Premiums due and unpaid from Medicare entities .....						
0499999 Premiums due and unpaid from Medicaid entities .....						
0599999 Accident and health premiums due and unpaid (Page 2, Line 15) ..	879,066	159,736	15,640	25,075	25,075	1,054,442

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199998 Pharmaceutical Rebate Receivables - Not Individually Listed .....						
0199999 Subtotal - Pharmaceutical Rebate Receivables .....						
0299998 Claim Overpayment Receivables - Not Individually Listed .....	10,952			251,259	251,259	10,952
0299999 Subtotal - Claim Overpayment Receivables .....	10,952			251,259	251,259	10,952
0399998 Loans and Advances to Providers - Not Individually Listed .....						
0399999 Subtotal - Loans and Advances to Providers .....						
0499998 Capitation Arrangement Receivables - Not Individually Listed .....						
0499999 Subtotal - Capitation Arrangement Receivables .....						
<b>Risk Sharing Receivables</b>						
St John Health System .....	635,139					635,139
0599998 Risk Sharing Receivables - Not Individually Listed .....						
0599999 Subtotal - Risk Sharing Receivables .....	635,139					635,139
0699998 Other Receivables - Not Individually Listed .....						
0699999 Subtotal - Other Receivables .....						
0799999 Gross health care receivables .....	646,091			251,259	251,259	646,091

EXHIBIT 3A - ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

Type of Health Care Receivable	Health Care Receivables Collected During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5	6
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables in Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
1. Pharmaceutical rebate receivables .....	159,600				159,600	159,600
2. Claim overpayment receivables .....	431,621	3,712,569	41,401	220,810	473,022	452,990
3. Loans and advances to providers .....						
4. Capitation arrangement receivables .....	146,978				146,978	146,978
5. Risk sharing receivables .....	691,055			635,139	691,055	641,320
6. Other health care receivables .....						
7. TOTALS (Lines 1 through 6) .....	1,429,254	3,712,569	41,401	855,949	1,470,655	1,400,888

Note that the accrued amounts in Columns 3, 4, and 6 are the total health care receivables, not just the admitted portion.

EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)  
Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Individually Listed Claims Unpaid						
Envision Pharmacy .....	804,354					804,354
0199999 Total - Individually Listed Claims Unpaid .....	804,354					804,354
0299999 Aggregate Accounts Not Individually Listed - Uncovered .....						
0399999 Aggregate Accounts Not Individually Listed - Covered .....	1,481,043					1,481,043
0499999 Subtotals .....	2,285,397					2,285,397
0599999 Unreported claims and other claim reserves .....						7,995,414
0699999 TOTAL Amounts Withheld .....						
0799999 TOTAL Claims Unpaid .....						10,280,811
0899999 Accrued Medical Incentive Pool and Bonus Amounts .....						942,920

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
Individually listed receivables							
Total Health Care Inc .....	69					69	
0199999 Total - Individually listed receivables .....	69					69	
0299999 Receivables not individually listed .....							
0399999 TOTAL Gross Amounts Receivable .....	69					69	

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5
Affiliate	Description	Amount	Current	Non-Current
0299999 Payables not Individually Listed .....	X X X .....	.....	.....	.....
0399999 TOTAL Gross Payables .....	X X X .....	.....	.....	.....

## EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1	2	3	4	5	6
NAIC Code	Name of Intermediary	Capitation Paid	Average Monthly Capitation	Intermediary's Total Adjusted Capital	Intermediary's Authorized Control Level RBC
<div style="border: 1px solid black; padding: 10px; display: inline-block;"> <b>N O N E</b> </div>					
9999999 TOTALS .....		.....	..... X X X .....	..... X X X .....	..... X X X .....



EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

		1	2	3	4	5	6
Description		Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1.	Administrative furniture and equipment .....	.....	.....	.....	.....	.....	.....
2.	Medical furniture, equipment and fixtures .....	N O N E		.....	.....	.....	.....
3.	Pharmaceuticals and surgical supplies .....			.....	.....	.....	.....
4.	Durable medical equipment .....			.....	.....	.....	.....
5.	Other property and equipment .....			.....	.....	.....	.....
6.	TOTAL .....	.....	.....	.....	.....	.....	.....



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:  
BUSINESS IN THE STATE OF MICHIGAN DURING THE YEAR  
NAIC Group Code 1238 NAIC Company Code 12326

	1  Total	Comprehensive (Hospital & Medical)		4  Medicare Supplement	5  Vision Only	6  Dental Only	7  Federal Employees Health Benefits Plan	8  Title XVIII Medicare	9  Title XIX Medicaid	10  Other
		2  Individual	3  Group							
<b>TOTAL Members at end of:</b>										
1. Prior Year .....	32,787	5,147	27,640							
2. First Quarter .....	36,590	8,990	27,600							
3. Second Quarter .....	36,214	8,180	28,034							
4. Third Quarter .....	34,876	7,261	27,615							
5. Current Year .....	34,348	7,361	26,987							
6. Current Year Member Months .....	426,045	94,964	331,081							
<b>TOTAL Member Ambulatory Encounters for Year:</b>										
7. Physician .....	72,234	52,778	19,456							
8. Non-Physician .....	218,590	158,839	59,751							
9. TOTAL .....	290,824	211,617	79,207							
10. Hospital Patient Days Incurred .....	11,717	2,581	9,136							
11. Number of Inpatient Admissions .....	2,708	580	2,128							
12. Health Premiums Written (b) .....	145,874,742	30,852,557	115,022,185							
13. Life Premiums Direct .....										
14. Property/Casualty Premiums Written .....										
15. Health Premiums Earned .....	145,874,742	30,852,557	115,022,185							
16. Property/Casualty Premiums Earned .....										
17. Amount Paid for Provision of Health Care Services .....	112,886,741	24,072,677	88,797,233						16,831	
18. Amount Incurred for Provision of Health Care Services .....	108,364,797	21,329,365	87,035,432							

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0.  
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:  
NAIC Group Code 1238 BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR NAIC Company Code 12326

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
TOTAL Members at end of:										
1. Prior Year	32,787	5,147	27,640							
2. First Quarter	36,590	8,990	27,600							
3. Second Quarter	36,214	8,180	28,034							
4. Third Quarter	34,876	7,261	27,615							
5. Current Year	34,348	7,361	26,987							
6. Current Year Member Months	426,045	94,964	331,081							
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	72,234	52,778	19,456							
8. Non-Physician	218,590	158,839	59,751							
9. TOTAL	290,824	211,617	79,207							
10. Hospital Patient Days Incurred	11,717	2,581	9,136							
11. Number of Inpatient Admissions	2,708	580	2,128							
12. Health Premiums Written (b)	145,874,742	30,852,557	115,022,185							
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	145,874,742	30,852,557	115,022,185							
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	112,886,741	24,072,677	88,797,233						16,831	
18. Amount Incurred for Provision of Health Care Services	108,364,797	21,329,365	87,035,432							

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0.  
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0

30 Grand Total

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10	11	12
NAIC Company Code	ID Number	Effective Date	Name of Reinsured	Domiciliary Jurisdiction	Type of Reinsurance Assumed	Premiums	Unearned Premiums	Reserve Liability Other Than for Unearned Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
NONE											
9999999 Total (Sum of 0799999 and 1099999) .....						.....	.....	.....	.....	.....	.....

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by  
Reinsuring Company as of December 31, Current Year

1	2	3	4	5	6	7
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Paid Losses	Unpaid Losses
0699999 Subtotal - Life and Annuity - Affiliates - Non-U.S. - Total .....					.....	.....
0799999 Total - Life and Annuity - Affiliates .....					.....	.....
1199999 Total - Life and Annuity .....					.....	.....
1499999 Subtotal - Accident and Health - Affiliates - U.S. - Total .....					.....	.....
1799999 Subtotal - Accident and Health - Affiliates - Non-U.S. - Total .....					.....	.....
1899999 Total - Accident and Health - Affiliates .....					.....	.....
<b>Accident and Health - Non-Affiliates - U.S. Non-Affiliates</b>						
60739 .....	74-0484030 ...	11/01/2016	AMERICAN NATL INS CO .....	TX .....	286,786	.....
00000 .....	AA-9990032 ...	01/01/2016	US Dept of Hlth & Human Serv .....	DC .....		.....
1999999 Subtotal - Accident and Health - Non-Affiliates - U.S. Non-Affiliates .....					286,786	.....
2199999 Total - Accident and Health - Non-Affiliates .....					286,786	.....
2299999 Total - Accident and Health .....					286,786	.....
2399999 Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999) .....					286,786	.....
2499999 Total Non-U.S. (Sum of 0699999, 0999999, 1799999 and 2099999) .....					.....	.....
9999999 Total (Sum of 1199999 and 2299999) .....					286,786	.....

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10	Outstanding Surplus Relief		13	14
										11	12		
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Type of Business Ceded	Premiums	Unearned Premiums (Estimated)	Reserve Credit Taken Other than for Unearned Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
0699999	Subtotal - General Account - Authorized - Affiliates - Non-U.S. - Total .....						.....	.....	.....	.....	.....	.....	.....
0799999	Total - General Account - Authorized - Affiliates .....						.....	.....	.....	.....	.....	.....	.....
<b>General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates</b>													
60739	74-0484030	11/01/2016	AMERICAN NATL INS CO .....	TX	SSL/L/I	STM	522,966	.....	.....	.....	.....	.....	.....
60739	74-0484030	11/01/2017	AMERICAN NATL INS CO .....	TX	SSL/L/I	STM	97,850	.....	.....	.....	.....	.....	.....
00000	AA-9990032	01/01/2017	US Dept of Hlth & Human Serv .....	DC	SSL/L/I	STM	.....	.....	.....	.....	.....	.....	.....
0899999	Subtotal - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates .....						620,816	.....	.....	.....	.....	.....	.....
1099999	Total - General Account - Authorized - Non-Affiliates .....						620,816	.....	.....	.....	.....	.....	.....
1199999	Total - General Account Authorized .....						620,816	.....	.....	.....	.....	.....	.....
1499999	Subtotal - General Account - Unauthorized - Affiliates - U.S. - Total .....						.....	.....	.....	.....	.....	.....	.....
1799999	Subtotal - General Account - Unauthorized - Affiliates - Non-U.S. - Total .....						.....	.....	.....	.....	.....	.....	.....
1899999	Total - General Account - Unauthorized - Affiliates .....						.....	.....	.....	.....	.....	.....	.....
2299999	Total - General Account - Unauthorized .....						.....	.....	.....	.....	.....	.....	.....
2599999	Subtotal - General Account - Certified - Affiliates - U.S. - Total .....						.....	.....	.....	.....	.....	.....	.....
2899999	Subtotal - General Account - Certified - Affiliates - Non-U.S. - Total .....						.....	.....	.....	.....	.....	.....	.....
2999999	Total - General Account - Certified - Affiliates .....						.....	.....	.....	.....	.....	.....	.....
3399999	Total - General Account - Certified .....						.....	.....	.....	.....	.....	.....	.....
3499999	Total - General Account - Authorized, Unauthorized and Certified .....						620,816	.....	.....	.....	.....	.....	.....
3799999	Subtotal - Separate Accounts - Authorized - Affiliates - U.S. - Total .....						.....	.....	.....	.....	.....	.....	.....
4099999	Subtotal - Separate Accounts - Authorized - Affiliates - Non-U.S. - Total .....						.....	.....	.....	.....	.....	.....	.....
4199999	Total - Separate Accounts - Authorized - Affiliates .....						.....	.....	.....	.....	.....	.....	.....
4599999	Total - Separate Accounts - Authorized .....						.....	.....	.....	.....	.....	.....	.....
4899999	Subtotal - Separate Accounts - Unauthorized - Affiliates - U.S. - Total .....						.....	.....	.....	.....	.....	.....	.....
5199999	Subtotal - Separate Accounts - Unauthorized - Affiliates - Non-U.S. - Total .....						.....	.....	.....	.....	.....	.....	.....
5299999	Total - Separate Accounts - Unauthorized - Affiliates .....						.....	.....	.....	.....	.....	.....	.....
5599999	Total - Separate Accounts - Unauthorized - Non-Affiliates .....						.....	.....	.....	.....	.....	.....	.....
5699999	Total - Separate Accounts - Unauthorized .....						.....	.....	.....	.....	.....	.....	.....
5999999	Subtotal - Separate Accounts - Certified - Affiliates - U.S. - Total .....						.....	.....	.....	.....	.....	.....	.....
6299999	Subtotal - Separate Accounts - Certified - Affiliates - Non-U.S. - Total .....						.....	.....	.....	.....	.....	.....	.....
6399999	Total - Separate Accounts - Certified - Affiliates .....						.....	.....	.....	.....	.....	.....	.....
6699999	Total - Separate Accounts - Certified - Non-Affiliates .....						.....	.....	.....	.....	.....	.....	.....
6799999	Total - Separate Accounts - Certified .....						.....	.....	.....	.....	.....	.....	.....
6899999	Total - Separate Accounts - Authorized, Unauthorized and Certified .....						.....	.....	.....	.....	.....	.....	.....
6999999	Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3799999, 4299999, 4899999, 5399999, 5999999 and 6499999) .....						620,816	.....	.....	.....	.....	.....	.....
7099999	Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 4099999, 4399999, 5199999, 5499999, 6299999 and 6599999) .....						.....	.....	.....	.....	.....	.....	.....
9999999	Total (Sum of 3499999 and 6899999) .....						620,816	.....	.....	.....	.....	.....	.....

34 Schedule S - Part 4 ..... NONE

35 Schedule S - Part 5 ..... NONE

SCHEDULE S - PART 6  
Five-Year Exhibit of Reinsurance Ceded Business  
(\$000 Omitted)

	1 2017	2 2016	3 2015	4 2014	5 2013
A. OPERATIONS ITEMS					
1. Premiums .....	621	696	1,454	1,725	818
2. Title XVIII-Medicare .....					
3. Title XIX - Medicaid .....					
4. Commissions and reinsurance expense allowance .....					
5. TOTAL Hospital and Medical Expenses .....					
B. BALANCE SHEET ITEMS					
6. Premiums receivable .....					
7. Claims payable .....					
8. Reinsurance recoverable on paid losses .....	287	517	1,903	1,636	413
9. Experience rating refunds due or unpaid .....					
10. Commissions and reinsurance expense allowances due .....					
11. Unauthorized reinsurance offset .....					
12. Offset for reinsurance with Certified Reinsurers .....					
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F) .....					
14. Letters of credit (L) .....					
15. Trust agreements (T) .....					
16. Other (O) .....					
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust .....					
18. Funds deposited by and withheld from (F) .....					
19. Letters of credit (L) .....					
20. Trust agreements (T) .....					
21. Other (O) .....					



SCHEDULE S - PART 7  
Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 12) .....	64,794,404		64,794,404
2. Accident and health premiums due and unpaid (Line 15) .....	1,643,752		1,643,752
3. Amounts recoverable from reinsurers (Line 16.1) .....	286,786		286,786
4. Net credit for ceded reinsurance .....	X X X		
5. All other admitted assets (Balance) .....	791,948		791,948
6. TOTAL Assets (Line 28) .....	67,516,890		67,516,890
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1) .....	10,280,811		10,280,811
8. Accrued medical incentive pool and bonus payments (Line 2) .....	942,920		942,920
9. Premiums received in advance (Line 8) .....	4,867,192		4,867,192
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount) .....			
11. Reinsurance in unauthorized companies (Line 20 minus inset amount) .....			
12. Reinsurance with Certified Reinsurers (Line 20 inset amount) .....			
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount) .....			
14. All other liabilities (Balance) .....	5,586,017		5,586,017
15. TOTAL Liabilities (Line 24) .....	21,676,940		21,676,940
16. TOTAL Capital and Surplus (Line 33) .....	45,839,950	X X X	45,839,950
17. TOTAL Liabilities, Capital and Surplus (Line 34) .....	67,516,890		67,516,890
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
18. Claims unpaid .....			
19. Accrued medical incentive pool .....			
20. Premiums received in advance .....			
21. Reinsurance recoverable on paid losses .....			
22. Other ceded reinsurance recoverables .....			
23. TOTAL Ceded Reinsurance Recoverables .....			
24. Premiums receivable .....			
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers .....			
26. Unauthorized reinsurance .....			
27. Reinsurance with Certified Reinsurers .....			
28. Funds held under reinsurance treaties with Certified Reinsurers .....			
29. Other ceded reinsurance payables/offsets .....			
30. TOTAL Ceded Reinsurance Payables/Offsets .....			
31. TOTAL Net Credit for Ceded Reinsurance .....			

SCHEDULE T - PART 2  
INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN  
ALLOCATED BY STATES AND TERRITORIES

Direct Business only						
	1	2	3	4	5	6
States, Etc.	Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts	Totals
1. Alabama (AL) .....						
2. Alaska (AK) .....						
3. Arizona (AZ) .....						
4. Arkansas (AR) .....						
5. California (CA) .....						
6. Colorado (CO) .....						
7. Connecticut (CT) .....						
8. Delaware (DE) .....						
9. District of Columbia (DC) .....						
10. Florida (FL) .....						
11. Georgia (GA) .....						
12. Hawaii (HI) .....						
13. Idaho (ID) .....						
14. Illinois (IL) .....						
15. Indiana (IN) .....						
16. Iowa (IA) .....						
17. Kansas (KS) .....						
18. Kentucky (KY) .....						
19. Louisiana (LA) .....						
20. Maine (ME) .....						
21. Maryland (MD) .....						
22. Massachusetts (MA) .....						
23. Michigan (MI) .....						
24. Minnesota (MN) .....						
25. Mississippi (MS) .....						
26. Missouri (MO) .....						
27. Montana (MT) .....						
28. Nebraska (NE) .....						
29. Nevada (NV) .....						
30. New Hampshire (NH) .....						
31. New Jersey (NJ) .....						
32. New Mexico (NM) .....						
33. New York (NY) .....						
34. North Carolina (NC) .....						
35. North Dakota (ND) .....						
36. Ohio (OH) .....						
37. Oklahoma (OK) .....						
38. Oregon (OR) .....						
39. Pennsylvania (PA) .....						
40. Rhode Island (RI) .....						
41. South Carolina (SC) .....						
42. South Dakota (SD) .....						
43. Tennessee (TN) .....						
44. Texas (TX) .....						
45. Utah (UT) .....						
46. Vermont (VT) .....						
47. Virginia (VA) .....						
48. Washington (WA) .....						
49. West Virginia (WV) .....						
50. Wisconsin (WI) .....						
51. Wyoming (WY) .....						
52. American Samoa (AS) .....						
53. Guam (GU) .....						
54. Puerto Rico (PR) .....						
55. U.S. Virgin Islands (VI) .....						
56. Northern Mariana Islands (MP) .....						
57. Canada (CAN) .....						
58. Aggregate other alien (OT) .....						
59. TOTALS .....						

NONE

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Comp-any Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domic-iliary Loca-tion	Relation-ship to Report-ing Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Y/N)	*
1238	TOTAL HEALTH GROUP .....	95644	38-2018957	.....	.....	.....	TOTAL HEALTH CARE INC .....	.. MI .	.. UDP .	.....	.....	.....	.....	.... N ....	.....
1238	TOTAL HEALTH GROUP .....	12326	38-3240485	.....	.....	.....	TOTAL HEALTH CARE USA INC .....	.. MI .	... RE ..	TOTAL HEALTH CARE INC .....	Ownership .....	..... 100.0	TOTAL HEALTH CARE INC	.... N ....	.....

Asterisk	Explanation
0000001	.....

SCHEDULE Y  
PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/(Disburse- ments) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
.. 95644 ..	.. 38-2018957 ..	TOTAL HEALTH CARE INC .....	.....	.....	.....	.....	17,780,638	.....	.....	.....	17,780,638	.....
.. 12326 ..	.. 38-3240485 ..	TOTAL HEALTH CARE USA INC .....	.....	.....	.....	.....	(17,780,638)	.....	.....	.....	(17,780,638)	.....
9999999 Control Totals .....			.....	.....	.....	.....	.....	.....	X X X	.....	.....	.....

Schedule Y Part 2 Explanation:

SUPPLEMENTAL EXHIBITS AND SCHEDULES
INTERROGATORIES

Response

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

- MARCH FILING
- 1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1? Yes
  - 2. Will an actuarial opinion be filed by March 1? Yes
  - 3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1? Yes
  - 4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1? Yes
- APRIL FILING
- 5. Will Management's Discussion and Analysis be filed by April 1? Yes
  - 6. Will the Supplemental Investment Risks Interrogatories be filed by April 1? Yes
  - 7. Will the Accident and Health Policy Experience Exhibit be filed by April 1? Yes
- JUNE FILING
- 8. Will an audited financial report be filed by June 1? Yes
  - 9. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1? Yes
- AUGUST FILING
- 10. Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1? Yes

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but it is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

- MARCH FILING
- 11. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1? No
  - 12. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC? No
  - 13. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? No
  - 14. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1? No
  - 15. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1? No
  - 16. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1? No
  - 17. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be file electronically with the NAIC by March 1? No
  - 18. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1? No
  - 19. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1? No
- APRIL FILING
- 20. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? No
  - 21. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC? No
  - 22. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1? Yes
  - 23. Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1? Yes
- AUGUST FILING
- 24. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? Yes

Explanation:

Bar Code:

Medicare Supplement Insurance Experience Exhibit

12326201736000000 2017 Document Code: 360

Schedule SIS

12326201742000000 2017 Document Code: 420

Statement of Non-Guaranteed Elements for Exhibit 5

12326201737000000 2017 Document Code: 370

Approval for Relief related to five-year rotation for lead Audit Partner

12326201722400000 2017 Document Code: 224

Approval for Relief related to Require. for Audit Committees

12326201722600000 2017 Document Code: 226

Health Life Supplement

12326201720500000 2017 Document Code: 205

Actuarial Opinion on Participating and Non-Participating Policies

12326201737100000 2017 Document Code: 371

Medicare Part D Coverage Supplement

12326201736500000 2017 Document Code: 365

Approval for Relief related to one-year cooling off period for inde. CPA

12326201722500000 2017 Document Code: 225

LTC Supplemental Interrogatories

12326201730600000 2017 Document Code: 306

SUPPLEMENTAL EXHIBITS AND SCHEDULES  
INTERROGATORIES (continued)

Health Life Supplement - LHA Guaranty Association Reconciliation



12326201721100000

2017

Document Code: 211

ASSETS

	Current Year			Prior Year
	1	2	3	4
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols.1-2)	Net Admitted Assets
1197. Summary of remaining write-ins for Line 11 (Lines 1104 through 1196) .....	.....	.....	.....	.....
2504. ....	.....	.....	.....	.....
2597. Summary of remaining write-ins for Line 25 (Lines 2504 through 2596) .....	.....	.....	.....	.....

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1	2
	Current Year	Prior Year
4704. ....	.....	.....
4797. Summary of remaining write-ins for Line 47 (Lines 4704 through 4796) .....	.....	.....

INDEX TO HEALTH  
ANNUAL STATEMENT

Analysis of Operations By Lines of Business .....	7
Assets .....	2
Cash Flow .....	6
Exhibit 1 - Enrollment By Product Type for Health Business Only .....	17
Exhibit 2 - Accident and Health Premiums Due and Unpaid .....	18
Exhibit 3 - Health Care Receivables .....	19
Exhibit 3A - Analysis of Health Care Receivables Collected and Accrued .....	20
Exhibit 4 - Claims Unpaid and Incentive Pool, Withhold and Bonus .....	21
Exhibit 5 - Amounts Due From Parent, Subsidiaries and Affiliates .....	22
Exhibit 6 - Amounts Due To Parent, Subsidiaries and Affiliates .....	23
Exhibit 7 - Part 1 - Summary of Transactions With Providers .....	24
Exhibit 7 - Part 2 - Summary of Transactions With Intermediaries .....	24
Exhibit 8 - Furniture, Equipment and Supplies Owned .....	25
Exhibit of Capital Gains (Losses) .....	15
Exhibit of Net Investment Income .....	15
Exhibit of Nonadmitted Assets .....	16
Exhibit of Premiums, Enrollment and Utilization (State Page) .....	30
Five-Year Historical Data .....	29
General Interrogatories .....	27
Jurat Page .....	1
Liabilities, Capital and Surplus .....	3
Notes To Financial Statements .....	26
Overflow Page For Write-ins .....	44
Schedule A - Part 1 .....	E01
Schedule A - Part 2 .....	E02
Schedule A - Part 3 .....	E03
Schedule A - Verification Between Years .....	SI02
Schedule B - Part 1 .....	E04
Schedule B - Part 2 .....	E05
Schedule B - Part 3 .....	E06
Schedule B - Verification Between Years .....	SI02
Schedule BA - Part 1 .....	E07
Schedule BA - Part 2 .....	E08
Schedule BA - Part 3 .....	E09
Schedule BA - Verification Between Years .....	SI03
Schedule D - Part 1 .....	E10
Schedule D - Part 1A - Section 1 .....	SI05
Schedule D - Part 1A - Section 2 .....	SI08
Schedule D - Part 2 - Section 1 .....	E11
Schedule D - Part 2 - Section 2 .....	E12
Schedule D - Part 3 .....	E13
Schedule D - Part 4 .....	E14
Schedule D - Part 5 .....	E15
Schedule D - Part 6 - Section 1 .....	E16
Schedule D - Part 6 - Section 2 .....	E16
Schedule D - Summary By Country .....	SI04
Schedule D - Verification Between Years .....	SI03
Schedule DA - Part 1 .....	E17
Schedule DA - Verification Between Years .....	SI10
Schedule DB - Part A - Section 1 .....	E18
Schedule DB - Part A - Section 2 .....	E19
Schedule DB - Part A - Verification Between Years .....	SI11
Schedule DB - Part B - Section 1 .....	E20
Schedule DB - Part B - Section 2 .....	E21
Schedule DB - Part B - Verification Between Years .....	SI11
Schedule DB - Part C - Section 1 .....	SI12
Schedule DB - Part C - Section 2 .....	SI13
Schedule DB - Part D - Section 1 .....	E22
Schedule DB - Part D - Section 2 .....	E23



INDEX TO HEALTH  
ANNUAL STATEMENT

Schedule DB - Verification .....	SI14
Schedule DL - Part 1 .....	E24
Schedule DL - Part 2 .....	E25
Schedule E - Part 1 - Cash .....	E26
Schedule E - Part 2 - Cash Equivalents .....	E27
Schedule E - Part 3 - Special Deposits .....	E28
Schedule E - Verification Between Years .....	SI15
Schedule S - Part 1 - Section 2 .....	31
Schedule S - Part 2 .....	32
Schedule S - Part 3 - Section 2 .....	33
Schedule S - Part 4 .....	34
Schedule S - Part 5 .....	35
Schedule S - Part 6 .....	36
Schedule S - Part 7 .....	37
Schedule T - Part 2 - Interstate Compact .....	39
Schedule T - Premiums and Other Considerations .....	38
Schedule Y - Part 1 - Information Concerning Activities of Insurer Members of a Holding Company Group .....	40
Schedule Y - Part 1A - Detail of Insurance Holding Company System .....	41
Schedule Y - Part 2 - Summary of Insurer's Transactions With Any Affiliates .....	42
Statement of Revenue and Expenses .....	4
Summary Investment Schedule .....	SI01
Supplemental Exhibits and Schedules Interrogatories .....	43
Underwriting and Investment Exhibit - Part 1 .....	8
Underwriting and Investment Exhibit - Part 2 .....	9
Underwriting and Investment Exhibit - Part 2A .....	10
Underwriting and Investment Exhibit - Part 2B .....	11
Underwriting and Investment Exhibit - Part 2C .....	12
Underwriting and Investment Exhibit - Part 2D .....	13
Underwriting and Investment Exhibit - Part 3 .....	14